

Sodium-Glucose Cotransporter-2 Inhibitors (SGLT-2i) for the Management of Heart Failure in Adults

Information Sheet

Introduction

Dapagliflozin and empagliflozin are Sodium-Glucose Cotransporter-2 Inhibitors (SGLT-2i) [licensed](#) for the treatment of chronic heart failure (HF) in adults.

NICE guideline ([NG106](#)) recommends the inclusion of SGLT-2i as part of standard therapy in the management of chronic HF with:

- reduced ejection fraction (HFrEF)
- mildly reduced ejection fraction (HFmrEF)
- preserved ejection fraction (HFpEF)

The NICE recommendation is to offer the four medicines (four pillars) in HFrEF:

- Angiotensin-converting enzyme (ACE) inhibitor **or** angiotensin receptor-neprilysin inhibitor (ARNI) **or** angiotensin II receptor blocker (ARB) **AND**
- Beta-blocker **AND**
- Mineral corticoid receptor antagonist (MRA) **AND**
- SGLT-2i

Consider the four pillars in HFmrEF:

- ACE inhibitor **or** ARB **AND**
- Beta-blocker **AND**
- Mineral corticoid receptor antagonist (MRA) **AND**
- SGLT-2i

In HFpEF, the NICE recommendation is to consider:

- MRA **AND**
- SGLT-2i

SGLT-2i have been shown to reduce the risk of HF hospitalisation, increase survival and improve quality of life.

[NICE Visual Summaries](#) of the NICE guidance have been developed to support prescribers.

Recommendations

NHS South West London (SWL) recommends **generic dapagliflozin** as the preferred SGLT-2i for the treatment of HF and/or type 2 diabetes (with or without chronic kidney disease) (see [SWL position statement](#)).

Refer to the [SWL Joint Formulary](#) for local recommendations on the use of SGLT-2i.

Initiation and monitoring SGLT-2i

- Establish diabetic status:
 - Undiagnosed diabetes (at initiation) HbA1c (glycated haemoglobin) above 48 mmol/mol. See SWL guidance - [Type 2 Diabetes](#)
 - HbA1c above 86mmol/mol - contact diabetes team for advice
 - Consider modification of other diabetic drugs as applicable. See SWL guidance - [Type 2 Diabetes](#), [Type 2 Diabetes and Frailty](#)
- Blood pressure (BP) at initiation, within the first three months and then at least annually. Caution if systolic BP is less than 95mmHg or elderly patients greater than 65 years and if symptomatic hypotension
 - SGLT-2i add to the diuretic effect of thiazide and loop diuretics and may increase the risk of dehydration and hypotension. Monitor volume status in patients with intercurrent conditions that may lead to volume depletion
- Renal function at baseline, as clinically indicated and at least annually thereafter
- Hepatic function at baseline and as clinically indicated

Prescribing guidance

Contraindications and cautions

Note: this is not an exclusive list- refer to dapagliflozin: [BNF/ SPC](#) or empagliflozin: [BNF/ SPC](#) for an up-to-date list.

Do not prescribe in the following patients:

- Pregnancy and breastfeeding
- Severe hepatic impairment with empagliflozin
- Severe renal impairment – avoid if eGFR falls below 20ml/min/1.73m² for empagliflozin and 15ml/min/1.73m² for dapagliflozin
- [Hypersensitivity](#) to active substance or excipients
- Galactose intolerance or total lactase deficiency (tablets contain lactose)
- Already taking another SGLT-2i (see [SWL position statement](#))
- Type 1 diabetes - refer to [MHRA](#) guidance
- History of diabetic ketoacidosis (DKA) - refer to [MHRA guidance](#)
- Active foot ulceration

Prescribe with caution in people with:

- Severe hepatic impairment with dapagliflozin –. consider starting dapagliflozin at a lower 5 mg once daily dose; increase to 10 mg once daily if tolerated
- Patients undergoing surgical procedures – risk of DKA in the peri-operative period: temporarily withhold and monitor ketone levels – See [MHRA](#) guidance for further information

- Patients acutely unwell or other hospital admission: Consider withholding SGLT-2i temporarily in the following circumstances:
 - If patient develops or has inter-current conditions that may lead to volume depletion (e.g. vomiting/diarrhoea) or is not eating or drinking
 - If patient has a severe infection

Treatment may be restarted once the patient's condition has stabilised, and they are eating normally for at least 24 hours (if no new contra-indications) (See [MHRA](#) guidance)

- History of urinary tract infections or recurrent thrush. Uro-genital infection or perineal abscess may predispose to necrotising fasciitis
- Low weight/ weight loss
- Increasing age: elderly patients are at greater risk for volume depletion
- Systolic BP less than 95mmHg or if symptomatic hypotension, particularly in:
 - Elderly (greater than 65 years) or frail patients
 - Patients on anti-hypertensive therapy with a history of hypotension
 - Patients prescribed diuretics – at risk of hypotension or dehydration and may require additional monitoring

Refer to HF specialist if there are any BP or diuretic concerns

- HF with T2DM: discuss with the diabetes team in the following circumstances:
 - Recurrent or problematic hypoglycaemia
 - Risk factors for diabetic ketoacidosis (DKA) - refer to [MHRA guidance](#)
- Fournier's gangrene (necrotising fasciitis of the genitalia or perineum). This is a rare but serious and potentially life-threatening infection predominantly in men. If suspected, therapy should be stopped immediately, and emergency treatment organised. Advise patients to seek urgent medical attention if they experience severe pain, tenderness, erythema, or swelling in the genital or perineal area, accompanied by fever or malaise ([MHRA](#) guidance)
- Lithium- renal excretion of lithium may be increased with concurrent prescribing of SGLT-2i which may lead to decreased blood lithium levels. Serum lithium concentration should be monitored more frequently after SGLT-2i initiation and dose changes

Check [BNF](#), [PIL](#) or [SPC](#) for the following:

- Dose
- Interactions
- Side-effects
- Monitoring and safety information

References/resources

References: accessed 23/02/2026

- [Dapagliflozin for treating chronic heart failure with reduced ejection fraction](#). NICE; 24 Feb 2021
- [Empagliflozin for treating chronic heart failure with reduced ejection fraction](#). NICE; 9 March 2022

- [Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction](#). NICE; 21 June 2023
- [Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction](#). NICE; 1 November 2023
- [Chronic heart failure in adults: diagnosis and management](#). NICE; 03 September 2025
- [Chronic heart failure in adults. Quality standard \[QS9\]](#). NICE; 03 September 2025
- [Dapagliflozin for treating chronic kidney disease](#). TA1075. NICE; 02 July 2025
- [Empagliflozin for treating chronic kidney disease](#). TA942. NICE; 20 December 2023
- Summary of Product Characteristics (SPC) Dapagliflozin 10mg Tablets. [Last updated 18/03/2025]. Available from [EMC](#) [Accessed: 10/04/26]
- Summary of Product Characteristics (SPC) Jardiance (empagliflozin) 10mg Tablets. [Last updated 24/02/2025]. Available from [EMC](#) [Accessed: 10/04/26]
- McDonagh T, et al. 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: Developed by the task force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC). With the special contribution of the Heart Failure Association (HFA) of the ESC
- McDonagh T, et al. 2023 Focused update of the 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: Developed by the task force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC). With the special contribution of the Heart Failure Association (HFA) of the ESC

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